Jewish Federation of Northeastern New York

Northeastern New York Jewish Legacy

LETTER OF INTENT

It's more than a donation. *It's your legacy.*

LIFE & LEGACY™
Assuring JEWISH TOMORROWS
A program of the HAROLD GRINSPOON FOUNDATION

"As my ancestors planted for me, so do I plant for those who will come after me." ~Talmud

Accordingly, it is with deep satisfaction that I share that...

- ☐ I have already made a legacy provision
- ☐ I shall make a legacy provision during the next _____ months (must be 12 or fewer)

I wish to support the following Northeastern New York institutions: *(check all that apply)*

- ☐ Congregation Agudat Achim
- ☐ Congregation Berith Sholom
- ☐ Congregation Beth Abraham-Jacob
- ☐ Congregation Beth Emeth
- ☐ Congregation Gates of Heaven
- ☐ Congregation Ohav Shalom
- ☐ Daughters of Sarah Community for Seniors
- ☐ Hebrew Academy of the Capital District
- ☐ Jewish Family Services of Northeastern New York
- ☐ Jewish Federation of Northeastern New York
- ☐ Maimonides Hebrew Day School
- ☐ Robert and Dorothy Ludwig Schenectady Jewish Community Center
- ☐ Sidney Albert Albany Jewish Community Center
- ☐ Temple Israel of Albany
- ☐ Temple Sinai
- Other _____

With an endowment gift established through a:

- ☐ Bequest in my will or trust
- ☐ Portion of IRA or other retirement plan
- ☐ Gift of real estate, securities or other property
- ☐ Charitable Gift Annuity or other income producing gift
- ☐ I wish to establish an endowment now with a current gift of cash or property
- ☐ Portion of Life Insurance Policy
- ☐ Charitable Remainder Trust
- ☐ Donor-Advised Fund beneficiary designation
- ☐ Other _____

Amount of Gift – Please choose one of the following two options:

- ☐ The approximate value of my/our commitment will be $_____ or _____% of my/our estate.
- ☐ I/we prefer to keep the details of this commitment confidential.

Privacy Statement:

To encourage others to make commitments to the future names are listed in printed materials and/or on community organization websites:

- ☐ I permit my name to be listed. _____ *(My name should appear as)*
- ☐ I prefer to remain anonymous.

Name(s): _____

Address: _____

City/State/Zip: _____

Phone: _____ **Email:** _____

I understand that this letter of intent is not a legal obligation and may be changed at my discretion at any time.

Signed _____ **Date** _____

Signed _____ **Date** _____

(Two signatures required for joint gift only)

Contacted by: _____

Jewish Federation of Northeastern New York's professional staff can assist in creating endowed gifts for any local Jewish organization. Please contact us with any questions or to establish your legacy. Together, we guarantee a Jewish tomorrow.

Questions? Please contact any legacy partner or Shoshie Brickman: (518) 783-7800, ext. 228, sbrickman@jewishfedny.org | www.jewishfedny.org/life-and-legacy